



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 26, 2023

Rebecca Lopez  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AS390337773  
**Portage AFC**  
**10145 Portage Road**  
**Portage, MI 49002**

Dear Rebecca Lopez:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled populations, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS390337773

**Licensee Name:** Residential Opportunities, Inc.

**Licensee Address:** 1100 South Rose Street  
Kalamazoo, MI 49001

**Licensee Telephone #:** (269) 343-3731

**Licensee Designee:** Rebecca Lopez

**Administrator:** Benjamin Padget

**Name of Facility:** Portage AFC

**Facility Address:** 10145 Portage Road  
Portage, MI 49002

**Facility Telephone #:** (269) 327-3640

**Original Issuance Date:** 03/25/2013

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/26/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
On-site did not take place during a meal time; however, food was observed in the facility.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14313 Resident nutrition.**

**(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.**

**FINDING:** Menus were not being posted, as required.

**R 400.14410 Bedroom furnishings.**

**(1) The bedroom furnishings in each bedroom shall include all of the following:**

**(c) A bureau or dresser or equivalent.**

**(d) At least 1 chair.**

**(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.**

**FINDING:** The only bedroom furnishing observed in Resident A's bedroom was his mattress. The Administrator, Ben Padget, stated due to Resident A's autism diagnosis, Resident A prefers to keep his room clear of all items. Mr. Padget stated despite staff putting the items (e.g. dresser, chair, mirror) back in Resident A's bedroom, Resident A will immediately remove the items from his room.

During my exit conference with the Administrator, Ben Padget, I discussed how a variance would be needed for the lack of furnishings in Resident A's bedroom.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification are recommended.



07/26/2023

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Cathy Cushman  
Licensing Consultant

Date